

Ph: 08 8541 9072 Email: info@waikeriegolf.com.au

## **Membership Application Form**

Name:	D.O.B
Address:	
Ph No :	
Email:	
Business Name :	
Golf Link No:	
Home Club:	
Membership Type:	
<b>Amount:</b>	
Payment in full by Oct 6 <sup>th</sup> 2013 for Full / Sen Credit to spend in the clubhouse	ior members receive a \$50
Payment Details: By Credit Card /Cheque / CVisa/ MasterCard: Card No	
ExpSignature	
Amount	
Direct Payment to: BSB 105048 Account	045724640
Monthly payments	
By Credit Card details as above or by	
Direct Debit: BSB Accoun	
I give my permission for 12 monthly payments of \$50.00 (full	
membership) or \$41.70 ( Senior or Pensioner	_
debited from my account from October 1 <sup>st</sup> Oc	
Signed	Dated